

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$375.00 for date of service 08/22/01.
- b. The request was received on 02/25/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/28/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

(Carrier) continues to deny the enclosed billing for incorrect coding. Per the TWCC Guidelines attached, this was coded correctly. Medical records are enclosed."
2. Respondent:

The Carrier did not respond to the dispute.

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date (s) of service eligible for review is 08/22/01.
2. The denial code listed on the EOB is “N-DOCUMENTATION SUBMITTED DOES NOT SUBSTANTIATE THE SERVICE BILLED.” Readuit, dated 11/20/01, indicates “NO PAYMENT DUE. DOCUMENTATION INDICATES SERVICES BILLED WERE FOR INTRAOPERATIVE MONITORING. PLEASE REFER TO THE MEDICAL FEE GUIDELINE FOR PROPER CODING.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/22/01	95925-26	\$275.00	\$0.00	N	\$175.00	MFG MGR (IV) CPT descriptor	<p>Even though the Provider brings up the issue of incorrect coding in it's position statement, the EOB submitted denied services as "N". Therefore, the Medical Review Division's decision will be based on the denial code listed on the submitted EOB.</p> <p>CPT descriptor 95925 states in the MFG as: "Somatosensory testing (eg, cerebral evoked potentials), one or more nerves."</p> <p>Nothing is listed in the MFG that prohibits the Provider from using the codes listed in dispute for intraoperative monitoring.</p> <p>Medical documentation indicates that the services were rendered and billed according to the Fee Guidelines. Therefore, reimbursement is recommended in the amount of <b>\$175.00</b>.</p>

08/22/01	95861-26	\$259.00	\$0.00	N	\$200.00	MFG MGR (IV) CPT descriptor	<p>Even though the Provider brings up the issue of incorrect coding in it's position statement, the EOB submitted denied services as "N". Therefore, the Medical Review Division's decision will be based on the denial code listed on the submitted EOB.</p> <p>CPT descriptor 95861 states in the MFG as: "Needle electromyography, two extremities and related paraspinal areas."</p> <p>Nothing is listed in the MFG that prohibits the Provider from using the codes listed in dispute for intraoperative monitoring.</p> <p>Medical documentation indicates that the services were rendered and billed according to the Fee Guidelines. Therefore, reimbursement is recommended in the amount of <b>\$200.00</b>.</p>
<b>Totals</b>		\$534.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$375.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$375.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26<sup>th</sup> day of September 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb